

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Chronic Pain Management Clinics
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 01-24 MAA

Issued: June 27, 2001

For Information Contact:
1-800-562-6188

From: James C. Wilson, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 00-32 MAA

Subject: Vendor Rate Increase for Chronic Pain Management Clinics

Effective with dates of service on or after July 1, 2001, the Medical Assistance Administration (MAA) will:

- Implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2001 relative value units (RVUs); and
- Implement a legislatively appropriated two and one-tenth percent (2.1%) vendor rate increase.

Maximum Allowable Fees

The 2001-2003 Appropriations Act authorizes this two and one-tenth percent (2.1%) vendor rate increase for MAA fee-for-service programs.

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The new maximum allowable fees are as follows:

CPT Procedure Code	Short Description	7/1/01 MAF	
		Non-Facility Setting	Facility Setting
0070M*	Psychological Evaluation (testing included)	\$66.78	\$66.78
90801	Psychiatric diagnostic interview	86.95	82.92
90857	Interactive group psychotherapy	21.74	19.05
99221	Initial hospital care	41.46	41.46
99222	Initial hospital care	68.13	68.13
99223	Initial hospital care	93.23	93.23
99231	Subsequent hospital care	20.84	20.84
99232	Subsequent hospital care	33.39	33.39
99233	Subsequent hospital care	47.29	47.29
99238	Hospital discharge day	39.89	39.89
99239	Hospital discharge day	53.34	53.34
99241	Office consultation	28.91	20.84
99242	Office consultation	51.99	40.79
99243	Office consultation	68.57	54.23
99244	Office consultation	97.26	79.78
99245	Office consultation	127.29	106.00
99251	Initial inpatient consultation	24.65	24.65
99252	Initial inpatient consultation	44.82	44.82
99253	Initial inpatient consultation	60.73	60.73
99254	Initial inpatient consultation	86.05	86.05
99255	Initial inpatient consultation	117.65	117.65
99261	Follow-up inpatient consultation	15.24	15.24
99262	Follow-up inpatient consultation	28.46	28.46
99263	Follow-up inpatient consultation	41.68	41.68

* State-unique procedure code

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State-Unique Procedure Code	Short Description	7/1/01 MAF	
		Non-Facility Setting	Facility Setting
0088M*	<p>A <i>Limited Vocational Evaluation</i>, including:</p> <ul style="list-style-type: none"> • Review of the client's medical records; • Consultation with attending pain clinic doctors; and • Preparation of consultation report (including work history, education, relevant social and economic factors, barriers and assets to employment, transferable skill identification, impression regarding potential employability, recommended plan). 	\$85.09	\$85.09
0089M*	<p>An <i>Extended Vocational Evaluation</i>, including:</p> <ul style="list-style-type: none"> • All components of limited evaluation; • Time-limited activities designed to evaluate the client's demonstrated motivation, which is necessary for successful participation in the Chronic Pain Management program and in employment. Planning must be individualized, according to client need, and must be structured by means of a behavioral contract. The purpose of the extended evaluation is to resolve questions unanswered in the typical screening process so as to ensure appropriate treatment. 	170.15	170.15

* State-unique procedure code

To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov>.

Please bill MAA your usual and customary fee.